

Specify Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER	X3	7/19/93
EXAMINER	351	7-1-93
TYPIST	88W	
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.	472	7/19/93
DRAFTING		

INDEX OF CLAIMS

Claim	Date
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BEST AVAILABLE COPY

SYMBOLS

→	Rejected
↓	Admitted
↔	Canceled
(Through number)	Revised
—	Restricted
—	Amended
—	Inference
↑	Appeal
↓	Objection

Claim	Date
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